HOCKEY NEW ENGLAND



MOUTHGUARD AND SHIN PAD WAIVER

Prior to taking the field in the game for which this waiver applies this form must be completed, signed and viewed by the game umpires and control room duty person.

**PLAYER AGREEMENT**

*Exclusion of Liability for Damage to Team Member’s Person or Property and Indemnity as a result of not wearing a mouthguard and shin pads – Hockey New England*

I hereby accept there is an inherent and foreseeable risk of receiving a knock to the mouth or a ball striking my mouth in undertaking hockey activities. I acknowledge these risks are why Hockey New England has a policy advocating the compulsory wearing of mouthguards.

I hereby accept that there is an inherent and foreseeable risk of injury to my lower legs, shins and/or ankles from a ball, stick or player in undertaking hockey activities. I acknowledge these risks are why Hockey New England has a policy of advocating the compulsory wearing of shin pads.

I hereby agree that Hockey New England, its employees, umpires, technical officials and other volunteers shall not be, nor be, deemed responsible or liable whether in contract, or in tort or under statute, for any injury, illness or other mishap to me or my property sustained in, arising from or out of, or in any way directly or indirectly connected with this match or in any way directly or indirectly connected with the team or with any medical or scientific examinations, tests or treatments conducted on me during the period of this Agreement as a result of my non-compliance with the Hockey New England’s safety rule relating to the compulsory wearing of mouthguards and shin pads.

I hereby indemnify and will at all times hereafter well and sufficiently indemnify and keep fully indemnified Hockey New England, its employees, umpires, technical officials and other volunteers from and against all actions, suits, causes of action, proceedings, claims, demands, costs and expenses whatsoever which may be taken or made against Hockey New England, its employees, umpires, technical officials and other volunteers or incurred or become payable by Hockey New England, its employees, umpires, technical officials and other volunteers in connection with, or arising out of any such injury, illness or mishap to me or my property arising from my non-compliance and/or refusal to wear a mouthguard and/or shin pads.

I understand that Hockey New England’s insurance is unlikely to accept any application for damage to my person from not wearing a mouthguard and shin pads.

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| **Mouthguard waiver: Y/N** | **Shin Pad Waiver: Y/N** |
| **Player Name:**  | **Game Waiver applies to:** **(Grade and teams playing)** |
| **Date and time:** |
| **Player Signature** **or Parent/Guardian Signature if player under 18:** |

**Copy of medical certificate (if relevant) must be attached**

**Note: A new waiver is required to be signed for each game played without a mouthguard and shin pads.**